



SECONDARY AMENORRHEA

DEFINITION	<p>Secondary amenorrhea is defined as the absence of any spotting or bleeding for a period of time that is 3 times the normal cycle length for that individual woman. For example, if a woman normally bleeds monthly, she would be considered having secondary amenorrhea only after not having a period for 3 months. If she normally bleeds every 3 months, 9months would be the threshold for secondary amenorrhea. Medical causes of secondary amenorrhea may include hypothalamic dysfunction, pituitary disease, ovarian or uterine disorders, endocrinopathies, pregnancy, normal and expected effects of hormonal contraception (particularly hormonal injections, hormonal IUD and hormonal implants), and side effects of various medications.</p>
SUBJECTIVE	<p>May include as indicated:</p> <ol style="list-style-type: none">1. LMP/menstrual history.2. History negative for symptoms of pregnancy.3. History negative for natural or surgical menopause.4. Documentation of current birth control method.5. Prior hormonal contraceptive use.6. Weight changes: significant weight loss or gain.7. Recent life stressors.8. Recent dilation & curettage (D&C), or uterine ablation.9. Thyroid, adrenal, or ovarian disorders.10. Current medication and/or drug use.11. Strenuous physical activity.12. Eating disorder.13. Galactorrhea or recent breast feeding.14. Vasomotor symptoms.
OBJECTIVE	<p>May include:</p> <ol style="list-style-type: none">1. Complete list of all classes of medications. (prescription, over-the-counter, and street recreational drugs)2. Physical and/or pelvic exam.3. Breast exam; nipple discharge. (galactorrhea)4. Thyroid examination.

	<ol style="list-style-type: none"> 5. Signs of androgen excess, (i.e., hirsutism, clitoromegaly, acne, oily skin). 6. Signs of estrogen deficiency, vaginal atrophy (i.e., dry and smooth vagina with lack of normal rugae , dry endocervix without mucous. 7. Cervical stenosis or cervical scarring. 8. Wt. variances from IBW/BMI charts (see Body Mass Index Variances Protocol, HM-4).
LABORATORY	<p>May include as indicated:</p> <ol style="list-style-type: none"> 1. Negative sensitive urine pregnancy test. 2. Other lab tests (i.e. TSH, FSH, Prolactin) as indicated.
ASSESSMENT	<p>Client with secondary amenorrhea.</p>
CLIENT EDUCATION:	<ol style="list-style-type: none"> 1. Review client treatment and discuss causes of amenorrhea. 2. Discuss future plans for contraception/conception and possible need for future medical intervention. 3. Encourage client to strive for a healthy balance between work, recreation, rest, & dietary intake. 4. Discuss further testing and/or follow up as per MD consult. 5. Recommend client RTC/PRN as appropriate per plan.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Any client presenting with primary amenorrhea. 2. Any client who is pregnant refer for appropriate care. 3. Any client needing further testing based on client's individual needs (i.e., Provera Challenge, hormone assay.) 4. Any client with secondary amenorrhea. 5. Any client with diagnosed or suspected eating disorder.

References:

Hatcher, R., Trussell, J., Nelson, Al, Cates, W., Kowal, D., Policar, M. (2011). Contraceptive Technology (20th Edition, pp. 537-541). Ardent Media.